STATEMENT OF

FORM 1	ORGANIZ (See instruc		Offic	ce use only
NAME OF COMMITTEE (in	full) X (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	1
AMERICAN S	OCIETY FOR RADIATION ONCO	DLOGY PAC AKA ASTRO P	AC	
ADDRESS (number and	street) 8280 Willow Oaks	Corporate Drive		
(Check if address	Suite 500			
is changed)	Fairfax		VA L	22031
		CITY▲	STATE	ZIP CODE 📥
COMMITTEE'S E-MA	L ADDRESS (Please provide only one	e-mail address)		
(Check if address is changed)	None			
. ,			111111	
COMMITTEE'S WEB (Check if addres is changed)	PAGE ADDRESS (URL)			
2. DATE M 0 3	26 2009	C C00384602		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)		
I certify that I have exam Type or Print Name of	ned this Statement and to the best of my large treasurer Laura Thevenore	-	t and complete	
Signature of Treasure	Electronically Filed by Laura T	hevenot	Date 03 d	26 / Y Y Y Y Y Y
NOTE: Submission of fa	se, erroneous, or incomplete information	may subject the person signing this S	•	f 2 U.S.C. S437g.
Office Use Only		For further informatic Federal Election Comm Toll Free 800-424-953 Local 202-694-1100	nission	FEC FORM 1 (Revised 02/2009)